181	(1) (a) A physician assistant may provide any medical services that are not specifically			
182	prohibited under this chapter or rules adopted under this chapter, and that are[:(a)-] within the			
183	physician assistant's skills and scope of competence[;].			
184	[(b) within the usual scope of practice of the physician assistant's supervising			
185	physician; and]			
186	[(c) provided under the supervision of a supervising physician and in accordance with a			
187	delegation of services agreement.]			
188	(b) A physician assistant shall consult, collaborate with, and refer to appropriate			
189	members of the health care team:			
190	(i) as indicated by the patient's condition;			
191	(ii) based on the physician assistant's education, experience, and competencies; and			
192	(iii) the applicable standard of care.			
193	(c) The degree of collaboration under Subsection (1)(b) shall be determined at the			
194	physician assistant's practice, including decisions made by Ŝ→:			
194a	(i) ←Ŝ the physician assistant's:			
195	$\hat{S} \rightarrow [\underline{(i)}] (A) \leftarrow \hat{S} \text{ employer};$			
196	$\hat{S} \rightarrow [\underline{(ii)}] (\underline{B}) \leftarrow \hat{S} \text{ group};$			
197	\$→ [(iii)] (C) ←\$ hospital service; or			
198	$\hat{S} \rightarrow [\underline{(iv)}]$ (D) $\leftarrow \hat{S}$ health care facility credentialing and privileging system $\hat{S} \rightarrow [\underline{\cdot}]$; or			
198a	(ii) a managed care organization with whom the physician assistant is a network provider.			
198b	(d) A person described in Subsection (1)(c) may not require a clinical supervisory relationship			
198c	between a physician assistant and another healthcare provider. ←Ŝ			
199	Ŝ→ [(d)] (e) ←Ŝ The services provided by a physician assistant includes, but is not limited			
199a	<u>to:</u>			
200	(i) obtaining a comprehensive health history;			
201	(ii) performing a physical examination;			
202	(iii) evaluating, diagnosing, managing, and providing medical treatment;			
203	(iv) ordering, performing, and interpreting diagnostic studies and therapeutic			
204	procedures:			
205	(v) educating a patient on health promotion and disease prevention;			
206	(vi) providing a consultation upon request; and			
207	(vii) writing medical orders.			
208	\$→ [(e)] (f) ←\$ A physician assistant may, within the physician assistant's scope of			
208a	<u>practice:</u>			
209	(i) provide a service in any health care facility or program including:			
210	(A) a hospital;			
211	(B) a nursing care facility;			

212	(C) an assisted living facility; and
213	(D) hospice;
214	(ii) obtain informed consent;
215	(iii) supervise, delegate, and assign therapeutic and diagnostic measures;
216	(iv) certify the health or disability of a patient for any local, state, or federal program;
217	<u>and</u>
218	(v) authenticate through a signature, certification, stamp, verification, affidavit, or
219	endorsement any document that may be authenticated by a physician.
220	\$→ [ff] (g) ←\$ A physician assistant is responsible for the care that the physician assistant
221	provides.
222	Ŝ→ [(g) An insurer as defined in Section 31A-1-301 may not:
223	(i) solely on the basis that a physician assistant is licensed as a physician assistant:
224	(A) prohibit the physician assistant from billing and receiving direct payment for a
225	medically necessary service that the physician assistant provides to the insurer's enrollee;
226	(B) deny a claim for a medically necessary service that the physician assistant provides
227	to the insurer's enrollee; or
228	(C) prohibit a physician assistant from being listed as the provider in the billing and
229	claims process for payment of the service; or
230	(ii) impose a practice, education, or collaboration requirement on a physician assistant that is inconsistent with or more restrictive than the requirements in this title.] ←Ŝ
231232	(h) (i) A physician assistant may provide health care services as a volunteer for a
232	charitable organization or at a public or private event, including a religious event, youth camp,
234	community event, or health fair, if the physician assistant:
235	(A) receives no compensation for such services; and
236	(B) provides the health care services in a manner that is consistent with the physician
237	assistant's education, experience, and competence.
238	(ii) Notwithstanding Subsection (2), a physician assistant who is providing volunteer
239	health services under this Subsection (1)(h) may not issue a prescription to a patient for a
240	controlled substance.
241	(2) (a) A physician assistant[, in accordance with a delegation of services agreement,]
242	may prescribe or administer an appropriate controlled substance if[: (a)] the physician assistant

243	holds a Utah controlled substance license and a DEA registration[; and].
244	[(b) the prescription or administration of the controlled substance is within the
245	prescriptive practice of the supervising physician and also within the delegated prescribing
246	stated in the delegation of services agreement.]
247	(b) A physician assistant may prescribe, dispense, order, administer, and procure a drug
248	or medical device.
249	(c) A physician assistant may plan and initiate a therapeutic regimen that may include
250	ordering and prescribing:
251	(i) non-pharmacological interventions, including durable medical equipment, nutrition,
252	blood, and blood products; and
253	(ii) diagnostic support services, including home health care, hospice, physical therapy,
254	and occupational therapy.
255	(3) $\hat{S} \rightarrow (a) \leftarrow \hat{S}$ A physician assistant with less than $\hat{S} \rightarrow [4,000]$ 5,000 $\leftarrow \hat{S}$ hours of
255a	post-graduate clinical practice
256	experience shall $\hat{S} \rightarrow \underline{:}$
256a	(i) (F) practice under written policies and procedures established at a practice level
257	<u>that:</u>
258	$\hat{S} \rightarrow [\underline{(a)}] (A) \leftarrow \hat{S}$ describe how collaboration will occur under Subsections (1)(b) and (c);
259	$\hat{S} \rightarrow [\underline{(b)}]$ (B) $\leftarrow \hat{S}$ describe methods for evaluating the physician assistant's competency,
259a	knowledge,
260	and skills; \$→ [and
261	(c) (ii) (ii) for provide a copy of the written policies and procedures and documentation of
262	compliance with this Subsection (3) to the board upon the board's request $\hat{S} \rightarrow [\underline{\cdot}]$; and
262a	(iii) collaborate with a physician for at least 1,000 hours.
262b	(b) A physician assistant who wishes to change specialties to another specialty in which
262c	the PA has less than 2,000 hours of experience shall collaborate for a minimum of 2,000 hours
262d	with a physician who is trained and experienced in the specialty to which the physician
262e	assistant is changing. ←Ŝ
263	(4) (a) This Subsection (4) applies to a physician assistant who:
264	(i) has less than 10,000 hours of practice experience; and
265	(ii) does not practice at:
266	(A) a licensed health care facility;

274	(c) The collaborative practice agreement described in Subsection (4)(b) shall:			
275		(i) describe how collaboration under Subsection (1)(b) will occur;		
276		(ii) be kept on file at the physician assistant's practice location; and		
277		(iii) be provided by the physician assistant to the board upon the board's request.		
278		(5) Notwithstanding any other provision of state law, a physician assistant may provide		
279	Ŝ → [<u>1</u>	nental health care and mental health therapy and treatment] behavioral change support		
279a	<u>servi</u>	ces ←Ŝ in a non-psychiatric practice setting		
280	if the	services are consistent with:		
280a	Ŝ→	(a) the physician assistant's education, training, and experience; ←Ŝ		
281		\$→ [(a)] (b) ←\$ customary and accepted practices in similar practice settings; and		
282		$\hat{S} \rightarrow [\underline{(b)}] (\underline{c}) \leftarrow \hat{S}$ applicable standards of care.		
283		[(3)] (6) A physician assistant [shall], while practicing as a physician assistant[;]:		
284		(a) shall wear an identification badge showing the physician assistant's license		
285	classi	fication as a physician assistant[-]; and		
286		[(4) A physician assistant may not:]		
287		[(a) independently charge or bill a patient, or others on behalf of the patient, for		
288	servic	res rendered;]		
289		(b) may not identify himself or herself to any person in connection with activities		
290	allow	ed under this chapter other than as a physician assistant[;] or PA.		
291		[(c) use the title "doctor" or "physician," or by any knowing act or omission lead or		
292	permi	permit anyone to believe the physician assistant is a physician.]		
293		Section 7. Section 58-70a-502 is amended to read:		
294		58-70a-502. Unlawful conduct.		
295		["Unlawful conduct" includes engaging in practice as a licensed physician assistant		
296	while	not under the supervision of a supervising physician or substitute supervising physician.]		
297		Reserved.		
298		Section 8. Section 58-70a-503 is amended to read:		
299		58-70a-503. Unprofessional conduct.		
300		(1) "Unprofessional conduct" includes:		
301		(a) violation of a patient confidence to any person who does not have a legal right and a		
302	profes	ssional need to know the information concerning the patient;		
303		(b) knowingly prescribing, selling, giving away, or directly or indirectly administering,		
304	or off	ering to prescribe, sell, furnish, give away, or administer any prescription drug except for		